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SOME PHASES OF THE TUBERCULOSIS QUESTION *

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So much has already been written about tuberculosis that most people are thoroughly bored with the subject, while those who are not, already know so much about it that there seems little more to add, all of which makes the writing of this paper difficult.

As conducted in most states, the campaign against tuberculosis is an educational one. The public has been educated during the past five years on an enormous scale, accomplished by means of the press, open lectures, lantern slide exhibitions, expositions, and countless talks of an informal nature given to various clubs and other organizations. All of this has been of the greatest assistance in bringing to the layman a fuller knowledge of the causes and nature of the disease and of the methods necessary for its prevention. In Maryland this campaign has been a particularly active one. This education or molding of public opinion is, however, for the most part, for the benefit of those who have not tuberculosis,—it is the education of the top, although of course some of it filters downward into the lower and poorer strata of society where tuberculosis flourishes by natural right. The education of this lower layer, however, is not left to time and the chance of penetration of information into the places where it is most needed, but is accomplished directly and without loss of effort by means of the special tuberculosis nurses. These nurses bring instruction as to the nature and prevention of the disease directly into the homes where the consumptive himself lives. There are four of these nurses at present in Baltimore, who are to-day visiting in over eleven hundred families where tuberculosis exists. This association (the Maryland State) supported one of them for fifteen months, and I think we may well congratulate ourselves upon the undertaking. This house to house teaching, as done by nurses, may be called education along the bottom, or from the bottom upward. The combination of these two methods of instruction, teaching the upper and the lower levels of society, the well and the sick, must in time have its effect upon the community, though it is of necessity slow.

* Read at the fifth annual meeting of the Maryland State Association of Graduate Nurses.

There are certain phases of the tuberculosis movement that have come in for a good deal of attention, in fact for more attention than circumstances seem to warrant. The public has come to look with a sentimental eye upon certain parts of the situation, and to overlook, with characteristic blindness, certain other parts. Sentimentality, when strongly entrenched, is a difficult thing to deal with.

According to Dr. Flick, the curability of the disease has been grossly exaggerated. Cornet, an authority on the subject, writing recently in one of the foreign medical journals, says that the sanatorium has had no effect whatever in reducing the death rate, the only true test of efficiency, and that moreover the results attained by them are in no wise commensurate with the great outlay of money required for their support. Our personal experience with sanatorium cases is quite in keeping with this view. The incipient case, taken from the alley, and kept in the sanatorium six months, and at the end of that time returned to the alley again, has but one road to travel. His sojourn in the sanatorium has delayed him a little,—it was, however, but an interruption, a postponement of the inevitable end. The conditions that caused the disease in the first place must of necessity cause a relapse when the patient returns to them again. For instance, take the average laborer, father and breadwinner of a family, accustomed to trench digging or stevedore work. Discharge such a man as that from a sanatorium (and that is what is being done every day) and then expect him to earn a living for himself again. He has no education, and light work, should he be able to find it, would mean such light pay that he could not begin to support himself, let alone a family. Small pay means economical living, and a man cannot economize on rent, so he must do it on food, and this, to a consumptive, is fatal. The return to hard labor, or his usual occupation, means sooner or later a relapse.

Take, on the other hand, the case of a woman, head of a household, and household drudge. Discharge her from a sanatorium as cured, and with the false sense of security that this implies, and then expect her to be careful of herself and perform her household duties, scrubbing, washing, cooking, rearing children and see how long she can continue at these pursuits and keep well. For people of this class the sanatorium can do nothing,—they cannot afford the education it has given them, they have not money enough to take care of themselves. A cure implies to most people ability to return to normal life. The discharged sanatorium patient has not that ability. Extensive charitable aid is sometimes used to supplement the sanatorium period, and the

patient may be kept up indefinitely, or until this relief is withdrawn, but this is palliative treatment. There are, of course, some patients who will profit by their training, but in any case tuberculosis is a disease to be fought out in the home. If a patient either cannot or will not change his home conditions, and so alter them and his method of living that he may hold the disease quiescent or at bay, then the sanatorium interval can avail him nothing.

But at present, public sentiment demands sanatoria. They are springing up all over the country. The sentimentally inclined like to think of a number of patients in curable stages of the disease, sitting out in the air and sunshine, and gaining pounds in weight and strength. It all leads to recovery and health. But the public does not follow these patients back into their homes, nor does it think it worth while to provide a bed in a hospital for the one advanced case who is sufficiently dangerous in his own person to infect enough patients to fill the average sanatorium. A place for a consumptive to be cured in appeals to sentiment far more than a place for a consumptive to die in.

Tuberculosis in the country is another problem. It is being spread into country districts from the city. It is extraordinary to what an extent advanced and hopeless cases are being sent there by people who should know better. They are perfectly willing to advise a patient to go or to send him away without question as to what sort of a house he is going into, whether he can have a room to himself, or whether he will be even as comfortable or well off as he was at home. As to any consideration of the family he is to be quartered upon, there is none at all. The question of there being young children in the country family, or others likely to contract the disease, is not one that ever deters the benevolent individual who advises and often finances this move. The family, ignorant of the visitor's disease, is unable to protect itself against contagion, and after the patient's departure he leaves behind him a house that cannot be fumigated, a focus of infection and danger to all who live in it. Sometimes the excuse is made that when the people are told that the patient has consumption they still do not object to taking him in. This lack of objection does not come because of the abundant precautions that they expect to take, but arises from that disbelief of danger which is such a frequent characteristic of the ignorant. It is well enough to say that these patients have been taught how to be careful, that they know the nature of their disease, and what care they should take in regard to their contact with others. In sending them away, however, they promptly disregard all that they have been taught, both because the use of sputum cups hampers them,

and because they are sensitive on the subject. They go into a family that demands nothing of them in the way of carefulness, and they are therefore not stimulated to any degree of carefulness by an opinion that would tend to keep them up to a certain standard. There are parts of Maryland where the farmhouses are full of tuberculosis brought there from the city. We know of one consumptive, sent from Baltimore into the country, who infected three members of the helpless family he was placed with, all of whom died. Two other cases infected one each, and if it were only possible to follow up these cases from the other end the results would doubtless be appalling. The patients themselves gain very little good of this time in the country, and this plan of sending them away, unwatched and uncontrolled, is a selfish disregard of the greatest good to the greatest number.

What is the duty of the community and of society to the poor consumptive in our midst? He is right here, earning his living among us and exposing every one of us to the disease. If we do not care about his comfort and welfare, then let us consider our own and the danger we are in. In a study we recently made of some nine hundred families where tuberculosis was present, we found that some sort of money-making occupation was carried on in over three hundred, or one third of them, the work in many instances being done by the patients themselves. There were grocers, butchers, and milk dealers engaged in the "light work" of selling these food stuffs and scattering the disease among their customers. Others had baby farms or kept cook shops, or opened and sold raw oysters. The chief occupation, however, was laundry work, which was resorted to in over seventy per cent. of these home industries, probably because it is the easiest form of unskilled labor, the materials being at hand in every home. In the houses where this washing was done there were from one to four cases of consumption in each, and the number of families washed for varied from one to ten. Imagine the sort of clean clothing thus going out into the community. The patients themselves do not always do the washing, though the ironing is frequently done by them. However, if they are too sick to help with that, (or if the patient is a man) they usually sit in the kitchen where the clothes are hung to dry. Sometimes when the patient is very sick, his bed is brought into the kitchen or into an adjoining room, and the clean clothes are often laid upon it until put into the basket to be taken home. It is probably no exaggeration to say that in every colored household where there is a case of consumption, washing is being done. It is well enough to talk of the danger of sweat shop clothing and the danger to the community in clothes made by

tuberculous people, but the risk is microscopic compared to that of using linen washed and dried under such circumstances as these.

Now what is to be done in these cases? Take away from them their only means of support? These families do not need charity, as they are quite able to earn their own living, but they must do their work at home, for they must stay at home to take care of the dying consumptive for whom there are no hospital facilities.

We are only half educated in this tuberculosis problem. We are educated to the danger, somewhat, but we are not yet educated to our responsibility and duty in the matter. If we are not as yet sufficiently interested to provide the adequate and comfortable hospitals for these advanced cases for their sakes, then let us provide them for our own. We are right in not wishing to have a consumptive cook in the kitchen,—are also right in being afraid of the consumptive who shaves ice and makes syrups for the soda water fountain, nor do we care to have the milk bottles of our particular dairy washed by a patient in the last stages of the disease,—yet all of this is light work which on every hand consumptives are advised to undertake. Left to themselves, this is what they find. At one of the tea rooms in town one of our patients was employed in making the salads,—she coughed so much when actually cooking that they put her at the salads, as then her cough was not so troublesome. The great packing houses along the water front here in Baltimore, where vegetables and fruits are prepared and canned, and the oyster houses, where thousands of bushels of oysters are opened for the market, are filled with Phipps' Dispensary cases. These advanced cases are the ones that are spreading the disease, both in their own homes and in ours. We cannot take their work away from them unless we are prepared to offer them something in return. We cannot send them to a sanatorium, for that is for the incipient cases that they infect.

In the middle ages leprosy was the scourge of Europe. Public opinion finally demanded its suppression, and this was accomplished by segregation. In France, alone, at that time there were over two thousand leper houses. We are afraid of tuberculosis, yet we make no effort to shut off the source of supply. We are willing to cry Unclean! Unclean! but we are not willing to take care of the poor unfortunates whom we stand aside from. In some ways we do not measure up to Mediæval standards.